SRF 55923

Participant must provide all of the information below in English:

if any	contact information,			
Participant's Name:  Participant's Address: Con	Rosa I	Robles	Carrasqui	llo
Participant's Address: Con	d. Caminito	Apt. 801	Gurabo	PR 007.
Participant's Email Address:	robles 16.	95 @ gm	ail. com	
Name of Counsel:		Line Live 12		
Address of Counsel:				SA 34
Email Address of Counsel:		Aprile (	High Test Mar	
2. Participant's C	Claim number and th	ne nature of Partic	cipant's Claim:	
Claim Number:	17 BK	3283-	275	
Nature of Claim:	PROMESA	Title -	77	787 P.E.
By: Signature	· * ****		SAN	CEIVE SEP I
Rush I. Rubles	· Carasquille		AND COLOR	D&I
Print Name				9 55 9 55
Title (if Participant is	not an individual)			
Date Stpkmber	15, 2021			

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Maria N. Gonzalez Cruz
Participant's Address: Po Box 8972, Ponce, PR 00132-8972
Participant's Email Address: m. noelia gnzalez Ogmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3566 - LT5
Nature of Claim: Accumulated retirement contributions
By: Maria 1. Songales Cres for being a government employee since 1992 to
Maria N. González Cruz the present. The evidence of the certifications was
submitted along with
Title (if Participant is not an individual) the filing of the claim
September 9, 2021 on June 28, 2018.  Certifications are included
Date Certifications are included
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re
Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing
system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may
instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's
Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

## CERTIFICACIÓN DE BALANCES DE APORTACIONES ESTIMADAS

**RE: MARIA GONZALEZ CRUZ** 

Seguro Social: XXX-XX-9730

P.O. BOX 8972

**PONCE, PR 00732** 

La información que se presenta a continuación está basada en los datos obtenidos de nuestros sistemas computarizados a la fecha de ésta certificación.

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a ASR a la fecha de la última nómina procesada en el Sistema. Por tanto, los mismos están sujetos a revisión. En caso de que la información no coincida con los registros del cliente, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia, Corporación o Municipio.

Corporación:

**ADMINISTRACION DE TRIBUNALES** 

Años de Servicio:

25

Balance de Aportaciones:

\$66,812.90

Esta certificación fue emitida el 9 de septiembre de 2021.

La Administración de los Sistemas de Retiro de los Empleados del Gobierno y la Judicatura no se hará responsable de información faltante o suministrada por el Patrono.

Número de Certificación: ASR2021090955896285

Para verificar la validez de esta certificación, debe hacerlo a través del portal del Gobierno de Puerto Rico http://www.pr.gov/validacionelectronica/ o en nuestro portal http://www.retiro.pr.gov



### ESTADO DE CUENTA ESTIMADO

09 de septiembre de 2021

Agencia: 122 - ADMINISTRACION DE TRIBUNALES

MARIA GONZALEZ CRUZ

P.O. BOX 8972

PONCE, PR 00732 8972

Seguro Social: XXX-XX-9730

A base de la información en nuestros registros, al 09 de septiembre de 2021 usted posee:

Fecha de Nacimiento: 01 de febrero de 1969

Género: Femenino

Fecha de Ingreso al Servicio Público: 31 de octubre de 1992 Fecha de Comienzo de Cotización: 31 de octubre de 1992

Manual Superior Control		
Ley Anterior al 30 de j	inuio de <u>1</u>	W13, 10 to
Años Acreditados:	21.00	
Aportaciones:		\$40,256.74
Intereses:		\$10,158.24
Gastos Teneduría:		\$0.00
Total Aportaciones:		\$50,414.98
SNC Pagado:		\$0.00
SNC Tiempo:	0.00	
Beneficio:		\$0.00

ey 3 al 30 de junio de 2017 	
Tiempo Trabajado: 4	
Aportaciones:	\$15,174.90
Intereses:	\$1,223.02
Gastos Teneduría:	\$0.00
Total Aportaciones:	\$16,397.92
Beneficio:	\$0.00

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a Retiro a la fecha de la última nómina procesada en el Sistema. Los balances aquí reflejados por concepto de Aportación Individual y Años de Servicio están sujetos a revisión.

En caso de que la información no coincida con sus registros, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia o Municipio. Además, puedes acceder esta información a través de la sección Servicios en Línea del Portal de Internet de Retiro: http://www.retiro.pr.gov.

Le recordamos que previo a radicar una solicitud de pensión, deberá solicitar un Estado de Cuenta oficial a través de su Coordinador.

Coordialmente.

Unidad de Estado de Cuenta Área de Participantes



María N Genzález Cruz Po Box 8972 Bonce PR 00752-8972

COUT O- 1 YOURS

AND STATE OF THE PARTY OF THE P

Juan PR 00918-1787

Participant must provide all of the information below in English:

if any:
Participant's Name: Victor L. Pirela Figuerroa  Participant's Address: Jardines de Lafayette Calle JG-6 Arra
Participant's Address: Jardines de Lafayette Calle JG-6 Arra
Participant's Email Address: rerodz1629mail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 74900
Nature of Claim: Public Employee Claims
By: Mick Dink Tigure
Victor L. Pirela Figueroa  Print Name
Title (if Participant is not an individual)
September 10, 2021

00916-170625 13 SEP 2021 PM 1 լիո 8 — ի 17 թուրդ արդուրդությունը և

Participant must provide all of the information below in English:

		ntact informatio	n, including email	address, and th	at of its cou	ınsel,
	if any:	1				
Participant's Na	ame:	Victor	Lo Pirela	· Figue	roa	
Participant's Ac	idress: Lak	dines de	Lo Pirela Lafayet	te Calle	JG-6	Ari
Participant's En	nail Address: _	rerodz	Wagnail	ocom		
Name of Couns	el:	Riding !	PART AND ST		8	
Address of Cou	nsel:				- <del>1</del> 2	U.S.
Email Address	of Counsel: _			· · · · · · · · · · · · · · · · · · ·	_ = {	
2. I	Participant's Cla	aim number and	the nature of Part	icipant's Claim	: 3	
Claim Number:	4 4 2 4	LEGI, ILL	74900		5	BMI
Nature of Claim	¥	Public	Employe	e Cla	ims	
By: Signatur	the Per	ele Zige	len		The grown	i garie
Signatur	stor Lil	Pirela 1	iqueroa			
Print Na	me	RELIGION TO THE STATE OF	J			
		<u> Marinilla</u>				
Title (if	Participant is no					
Date	eptember	er 3,20	21			
Duto	1.9					

troys, P.A. 00714 osie-1706 918 Hillighyllighyllighyllighyllighyllighyllighyllighyllighyllighyllighyllighyllighyllighyllighylligh

Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Pro se Notices of Participation Page 10 of 63 SRF 55923

Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel
if any:
Participant's Name:
Participant's Address: 2177 Allwood Dr Bethle
Participant's Email Address: Vanpcardona ognail.com 180
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Promesq
By: anal famero Manero
Signature
Ang L Romero Marrero
Print Name
Title (if Participant is not an individual)
8 30 21
Date

Bethrehem, Pa 18018

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United Stexes District Courses of Charles office Charles office 150 he. Charles Charles 150

LEHIGH VALLEY PA 180 Jim

# Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Desc: Pro se Notices of Participation Page 12 of 63

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name:   Gladys Ana Roman Mino?
Participant's Address: 10215 Regal Dr. #3 (Avgo, FL33774
Participant's Email Address: angely gla & yehoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 23367 \$ 27047
Nature of Claim: Maintain the person granted by the
By: Glas Mussing Highway authority (ACT) on
Signature July 2010 (Ley 10)
Print Name For life in chuying
Title (if Participant is not an individual) Musband death benefits
Date Dept 13, 2021

Gladys Ana Roman Mins 10215 Regal Dr #3 Large, FL 33774

SAINT PETERSBURG FL J.

13 SEP 2021 PM 9 L \_\_

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Rodriguez Jorres Julia D.
Participant's Name: Rodriguez Jorres, Julia D.  Participant's Address: Usb: ANAIDA C-27 Colle Eclipse Po
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim:
By: Signature Signature
Julia D. Rodrigaez Torres
Print Name
Title (if Participant is not an individual) $9/8/2/$
Date

RECE

Participant must provide all of the information below in English:

if any:	intact informat	tion, including em	ail address, and	that of its counsel	,
Participant's Name:	Myrian	n Touse	et Rod	riquez	-1
Participant's Address:	H.C. 01	BOX 93	71 Buay	anilla P.K	0065
Participant's Email Address:	davidsan	nuel oz @	hot mail .	esm.	
Name of Counsel:	anji d		ц.		-
Address of Counsel:				a A	(s
Email Address of Counsel:		Typik Line			
2. Participant's C	aim number a	nd the nature of Pa	articipant's Clai	im:	
Claim Number:	97708	7 my//		1	- ONS
Nature of Claim:	raise	given to my	salary betw	seen 1980 for	1989
By: Myriam Invest Signature	Rátronio	7			
Myriam 7	suget k	Podriquer			
Title (if Participant is n	ot an individua	al)			
Date	- 9, 70	pal.			

441-4114-4414-4414-4414-4414-4414-4414-44 MEMPHIS TN 380

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any:	17 PM 4: 07
Participant's Name:	Maria I. Torres lorres 4.3
Participant's Address:	6457 Fort Caroline rdapt #60 Jacksonii
Participant's Email Address:	marucalorres@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim:	D.E. Basado en el Salario
By: Margallerre	for
Signature	
Maria L.	Jorres Jorres
Print Name	1 (2-)
Maestra V Title (if Participant is	not an individual)
9-2-20	21
Date	

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#### Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Desc Pro se Notices of Participation Page 20 of 63

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: John Devine TIEE, Marie ADevine TIEE Devine Living Trust, Dated \$ 29/2007 Participant's Name: 2889 NTomber In PT. Hernando, A 34442 Participant's Address: Participant's Email Address: revelois @ad com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK 3283-LTS Claim Number: \$25,000 Stock Nature of Claim: By: Title (if Participant is not an individual)

2021 SEP 17

2889 No Tomberlin PT Hernando, Fl 34442 J. Deline

San Juan, PR United States District Court Ste 150 Jarles Charden Clerks office 00918-1767

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13 SEP 2021

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Dulce MARTINE Ouiles
Participant's Address: COND-VINADEL MAR-CALLE Roses ARTANF
Participant's Email Address: NO = HAEC/BO F. 400 6/2 = #2
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: PROMESA TATLE 11-NOBK 3283 LTS
Nature of Claim:  By: Warting O Yilles  Signature
Signature  Signature  Print Name  ACE MARTINEZ QUIL ES
Title (if Participant is not an individual)  28-8-21  Date

D. N. N. N. 12 707 SEP 17 PK 4:08 THE WHITH HARDING BY WASHINGTON TO THE WASHINGTON THE WASHINGTON TO THE WASHINGTON THE WASHINGTON TO THE WASHINGTON TO THE WASHINGTON TO THE WASHINGTON TO T

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Miquel A. Fonsela Sanchez
Participant's Address: HC & Box 44000 16712
Participant's Email Address: <u>fonseceunvelia@hotmall.acom</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim:  By: Aleguel A Lause  Signature
Print Name
Participant
Title (if Participant is not an individual)

20767-9695 TOTAL TIMES AN CHINAMAN AND MANDERS AND CONTRACT OF THE CONTRA hardon Ste, 150

Participant must provide all of the information below in English:

1. Participant's contact information, including	email address, and that of its counsel,
if any:	1 11. 1.
Participant's Name: Quella ava	ballo Alvera
Participant's Address: B-18 Calle Camel	ig Alturas del Catità
Participant's Email Address: lucy an lucy 40	o, e yahor com
Name of Counsel:	- 200
Address of Counsel:	
Email Address of Counsel:	8
2. Participant's Claim number and the nature o	f Participant's Claim:
Claim Number: 11 DK 3283	1/5
Nature of Claim: Promes 9 7	Halo III
By: Jule araball ken	
Lucila Caraballo Livero	
Print Name	
Title (if Participant is not an individual)	
8- sept 2021	
Date	

RECEIVED AND SEPICE U.S. DISTRICT COURT SAN JUAN, PR

Lucila Caraballo Rivera B.18. Calle Camelia Alturas de Cafetal 3 SEP 2021 PM3 Janco, P. R. 00698 MEMPHIS TN 380

Clerk's Office, 150 Ave Carlos Chardon Ste150, United States District Court San Juan, P.R. 00918-1767

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	OCT 17 PH 4: 00
Participant's Name:	Maura Osorio Lopez
Participant's Address:	P.O. Box 894 Kio Grande, Puerto Kico
Participant's Email Address:	margrosario 55 Q gahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	73 \$ 26 Rublic Employee and Pension/Retiree claims Law 96 Salary increase not vece ived from labor land
Nature of Claim:	Law 96 Salary increase not vece ived from labor lan
By: Maura ls Signature	our fige
Maura Os	erio Loper
Print/Name	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Title (if Participant is not an individual)

Jawa Osorio PH 4: 08

an Juan, Puerto Rico 00918-1767

150 Ave. Chardon Ste.150

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FOREVER / USA

Court's Clerk's

COOLUMNIAN COLO

Participant must provide all of the information below in English:

1.

Participant's contact information, including émail address, and that of its counsel,

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Calle Sot 16 Sur

Gincon, DR

800677

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Quinones Acevede

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150 Aue Carlos Chardon Ste. 150

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jan fuar, PR. 00918-176

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Julio A. Caballero Figueroa
Participant's Name: Julio A. Caballero Figueroa  Participant's Address: B-23 Streat 13 Urb Sans Souci, Bayanén PR 00957-4334
Participant's Email Address: yuyacaballero@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 176927
Nature of Glaim: Uniform retribution-Law 189 July 121979
By: Mullulellero Signature
Tulio A. Caballero Print Name
Title (if Participant is not an individual)
Date

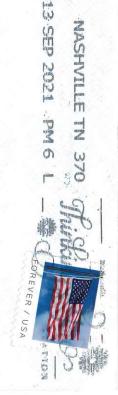
U.S. DISTRICT COURT
SAM JUNIO 201 SEP 17 PH 4: 09

United States District Court Clerk's Office

150 ave. Carlos Chadon 150

San Juan P.R. 00918-1767

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Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Desc Pro se Notices of Participation Page 35 of 63

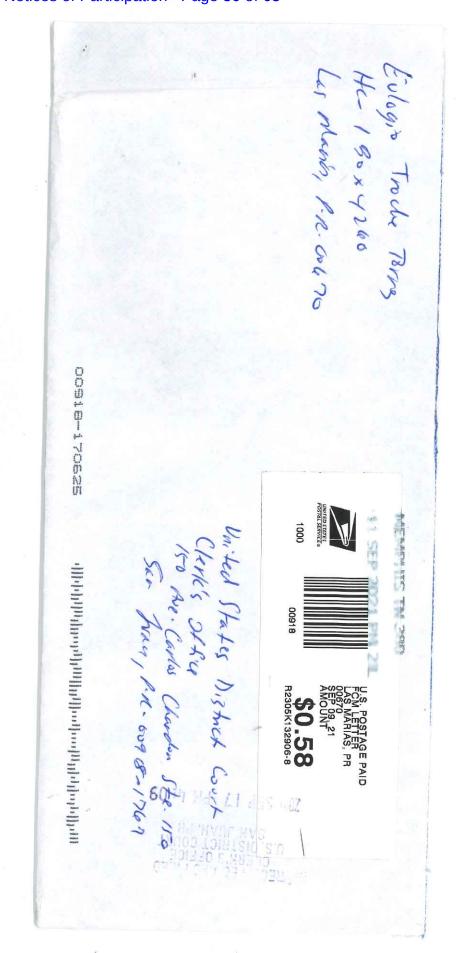
Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: HC-01 Box 4260 Las Mania, P. R. ool 20 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Armento Salarial dejado de pagas

Troche Torres Nature of Claim: Title (if Participant is not an individual) 9-September -2021



### Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Pro se Notices of Participation Page 37 of 63

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Eulogio In the Torres
Participant's Address:	He- 21 Box 4260 Lag Marin fol order
Participant's Email Address:	
Name of Counsel:	angular - The Committee of the same of a committee of the same
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Des conocco
Nature of Claim:	Avneato salarial dejado de pagas
By: Enty of Signature	the Torres
Title (if Participant is no Sypt Lombos Date	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

00919-170625



00918

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	8			
Participant's Name:	RAMON	a. He	0013	at at
Participant's Address:	RAMON 3124 Ca	ONTRY	club no	
Participant's Email Address:	WINSTON.	SALEM	N.C. 27/04	
Name of Counsel:	RAMHOO 3	O BELL	SOUTH, NET	·
Address of Counsel:				gel ga
Email Address of Counsel:		, 1 t u		
2. Participant's Cl Claim Number: Nature of Claim:	-4	83-LTS	Participant's Clair	
By: Ramon C Hoo; Signature  Ramon C. 14  Print Name  9-4-2021	k octs			Zez s.
Title (if Participant is r	not an individual)	ķ.		9 33
9-4- 2031 Date				

Desc:



20010-1700X

00918-1767

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PIEDMONT TRIAD AREA GREENSBORO NO 13 SEP 2021 PM4 1



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:	
Participant's Name: Miguel A. Nieves HERNANdez	Super W
Participant's Name: Miguel A. Nieves HERNANdez  Participant's Address: Pedro Hernandez Street #95 Quebrac	TillAS P.R.O.
Participant's Email Address: Mignieves Egmail. Com	7-12
Name of Counsel:	U.S.D
Address of Counsel: No Have	7 5 5
Email Address of Counsel:	2 E3
2. Participant's Claim number and the nature of Participant's Claim:	4: 0 <b>9</b>
Claim Number: 142307	·
Nature of Claim: Public Employee claim	
Nature of Claim: Public Employee claim  By: Mand A. Niews Idams  Signature	
Miguel A. Nieues HERNAN de 2 Print Name	
OFFICE Typewriter II Title (if Participant is not an individual)	
Title (if Participant is not an individual)	
09/09/2021	
Date	

Quebradillas, Puerto Rico 00678 Calle Pedro Hernández #95 Urbanización Kennedy Miguel A. Nieves Hernández

United State District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan, Puerto Rico 00918-1767

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Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Pro se Notices of Participation Page 43 of 63 SRF 55923

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, Maria M. Belvis Luch etty He- Box 6680 Hornisques PR 00660-9714 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: of players Retirent System Nature of Claim:

Or misueros A.R. 00660-9714 80x 6680 Charks office United States District Cherks Office 150 are Carbs Charlow St. الداراد اداراد اداراد المعمل الكراكي المراد المرازا المدارا المدارا المدارا المدارات

Participant must provide all of the information below in English:

1. Tarticipant S	comact m	101manon,	, includ	iing emaii	address,	and that	of its c	counsel,
if any:		/			9	7		
Participant's Name:	BI	AULA.	NA	ZARI	o K	adrigo	1152	
Participant's Address:	160	Kods	ley	Ave	Saye	RSET	V.	J. 088.
Participant's Email Address	Y. L	. na	Za	vio 6	hot	mai	l. C	OM
Name of Counsel:		ark against an ann				in J		·
Address of Counsel:								
Email Address of Counsel:					N.			
2. Participant's	Claim nur	mber and t	he natu	re of Part	icipant's	Claim:		
Claim Number:	71						100	C 2
Nature of Claim:	H. 10		31				8	S. DES
Ву:							-1	自動電影
Signature							39	
							1	
Print Name							9	
Title (if Participant is	not an in	dividual)						
Date								

DY DANIELS NJ 070

Participant must provide all of the information below in English:

<ol> <li>Participant's contact information, including email address, and that</li> </ol>	t of its cor	unsel,
if any:  Odlale and Malderand	Polde	van
Participant's Name:	arte	
Participant's Address: 56 Mosher St	11 1000	
Participant's Email Address: Jenny susing & yahor	· Can	1
Name of Counsel:		
Address of Counsel:	Leaf Manager	
Email Address of Counsel:	营	5
2. Participant's Claim number and the nature of Participant's Claim:	55	\$25E
Claim Number:	and a	
	¥	1,00
Nature of Claim: By: Candida Malalorda Calder	9	
Signature		
Print Name		
Title (if Participant is not an individual)		
September 1, 2021		

P Winnell School of the Manual of the Comment of th

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	r/.
Participant's Name:  Alex Melénder    Output  Description    Output	reuciano
Participant's Address: Urb. Miraflores 50-20 Calle	54 Dayamon, P. R. 0454-5
Participant's Email Address: melendez.alex 48	@ yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of	f Participant's Claim:
Claim Number: 77710	7, KM T
N. COleine	3
Nature of Claim:	SEP
By: Signature	7 6
Alex Meléndez Téliciano	3
Print Name	
	0
Title (if Participant is not an individual)	
10 de agosto de 2021	

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00001-077000

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Participant must provide all of the information below in English:

1.

Date

	if any:	6 C			*
	Participant's Name:	Alba Nydia	Ilarraza	Davila	
	Participant's Address:	Calle Almaeigo	D-14 Que	indas des	Dorado
	Participant's Email Address:	albanydia i 265 a	- FURIX 84 Gmail.com	C, Dorado F	R-00646
	Name of Counsel:		<i>J</i> .		
	Address of Counsel:			0	
	Email Address of Counsel:				
	2. Participant's 0	Claim number and the nature of	f Participant's Clain	n:	
	Claim Number:	153466	(2) ×		( 1'
	Nature of Claim:	Daring the year	as governor Priestokies	Hr. Carlos	d 50 0
> 	By: alba light	in Slavery april	increase	ve a sala of \$100.00	Mow
	Signature		as Law 89	". He never	honored
	Alba Nydia Print Name	Ilarram Savil	the salary	the never increase. [ Salary sca intowed is	le 164)
	0		The amount	int owed is	\$24,073.0
	Title (if Participant is	not an individual)			
Au	gust 26,2021			· · · · · · · · · · · · · · · · · · ·	

Participant's contact information, including email address, and that of its counsel,

ad, PR 00646\_008.

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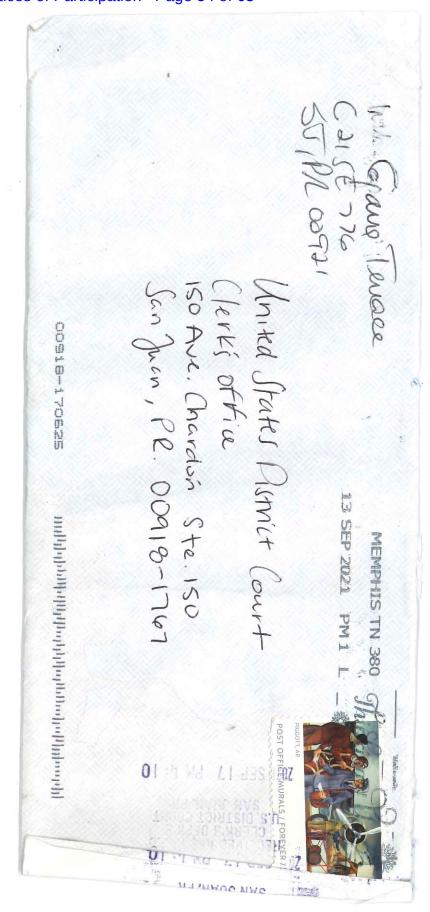
in, P.R. 00918-1767

1010-1700

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any:	
Participant's Name: Carmen A. Caldenin Rodríquez	h [65
	00921
Participant's Email Address: Xenavod 99 @ gmail. Lon	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim: Pension	
By: Signature A. Colder Rodrigues	38 LOS
Carmen Caldenin Lodriguez Print Name	AN STATE OF
Carme A. Ladde Roda '53	
Title (if Participant is not an individual)	5
08/15/2021	
Date	



#### Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Desc Pro se Notices of Participation Page 55 of 63

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Hernandez Helendez, Ivelisse Participant's Name: PUBOX 9020964 SanJuan Plooge Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 94840 tive ERS Participant Claims Nature of Claim: Print Name Title (if Participant is not an individual) Date

Tuelisse Hernander Melender P.O. Box 9020964 San Jan, P.R. 00902

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13 SEP 2021 PM 3 L

Clevk's Office 150 Ave. Carlos Chardon Ste. 1508 San Juan, P.R. 00918-1767

COULDITYCONN

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Blas Canino Mojica
Participant's Address:	HC46 Box 5951 Dorado PR 00646-9196
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	S S S S S S S S S S S S S S S S S S S
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	
Signature	Public employee and pension fretiree claims no mojica
Title (if Participant is  Sebtember	not an individual)

Dlas Camo Mopea HC46Box 5851 Kenido P.R. 10646-9796

Service of the control of the contro

me Carlos Chardon Ste 150 Juan, P. R 00918 1767

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FOREVER

Case:17-03283-LTS Doc#:18156-1 Filed:09/20/21 Entered:09/20/21 09:30:31 Desc: Prose Notices of Participation Page 59 of 631e2, Marib el Information Questionnaire

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Maribel Calderon Timenez
Participant's Address:	P.O. Box 468, Cidra, P.R. 00739
	maribelcjoz @ gmailicom
Name of Counsel:	
Address of Counsel:	· ·
Email Address of Counsel:	
2. Participant's Cla	aim number and the nature of Participant's Claim:
Claim Number:	168154
Signature	Importe de salario no cobrado aumento de 3% anval de pensión son Ton Jiménez
Title (if Participant is not 10/3ept. / 20.	ot an individual)

# INFORMATION REQUESTED TO PROCESS YOUR CLAIM

#### Instructions

Please answer all four (1) questions and any applicable subsquestions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer:
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing:
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to <u>PRClaimsInfo@primeclerk.com.</u> or by mail or hand delivery to the following addresseses:

First Class Mail	Hand Delivery
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

#### **Questionnaire**

Separas 	What is the basis of your claim?
	C A pending or closed legal action with or against the Puerto Rican government
	Current or former employment with the Government of Puerto Rico
	Other (Provide as much detail as possible below. Attach additional pages if needed.)  Comence a trabajar en 1976 y termine en dic-2,000
2.	What is the amount of your claim (how much money do you claim to be owed):
	60,000 aproximadamente
3.	Employment. Does your claim relate to current or former employment with

3.

No. Please continue to Question 4. Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

3(b). Identify the dates of your employment related to your claim:  30 and de Servicios	
d(e). Last four digits of your social security number:6765	·
B(d). What is the nature of your employment claims (select all applicable):	
c Pension	
c Unpaid Wages	
□ Sick Days	
5 Union Grievance	
g Vacation	
Other (Provide as much detail as possible. Attach additional pages if necessary	ary).
Galatios no pagados, Ley Promeso	ì
· Ver informe renta anual vitalicia	*
Legal Action. Does your claim relate to a pending or closed legal action?	
σ <b>N</b> ∂.	
Yes. Answer Questions 4(a)-(f).	
(a). Identify the department or agency that is a party to the action.	
N/A	
4(b). Identify the name and address of the court or agency where the action is pending:	
N/A	
(c). Case number:	
(d). Title, Caption, or Name of Case:	
(e). Status of the case (pending, on appeal, or concluded):	
(f). Do you have an unpaid judgment? Yes / No (Circle one)	
If yes, what is the date and amount of the judgment?	



Diferencia Mínimo o Renta Sistema de Retiro

Renta Mensual Vitalicia

\$1,822,50

Renta Anual Vitalicia Computado.

Iyonne L. Ortiz Valladares

\$21,870.00

Recomendado:

Carlos Serrano

Aprobado:

Cotejade

Directora Area Servicios de Retiro

Fecha<sup>a</sup>

Dinelia Oyola N

Subdirectora Ejecu

Fecha: 12/18/2006

idra, P.R. 00739 Timenes

150 Ave. Carlos chardon Ste 150, San Juan, P.R. 00918-1767 Clerk's Office

00918-170525